

Domestic Partner Registry Termination

Termination # _____

The undersigned hereby declare that the domestic partnership between the parties listed below has been dissolved.

NOTE: Following the termination of this domestic partnership, each former domestic partner who has received or qualified for any benefit or right based upon the existence of this domestic partnership and whose receipt of that benefit or enjoyment of that right has not otherwise terminated, shall give prompt notification to any third party who provides such benefit or right that the domestic partnership has been terminated. If this notice was not jointly filed by both partners, the partner filing this notice shall, within five days, send a copy of the filed notice to the other partner's last known address. However, this requirement shall not apply if the termination is due to the death of one of the domestic partners.

City of Cincinnati Domestic Partner Registration Number (if known): _____

Domestic Partner

Domestic Partner

Signature (only one signature required)

Signature

Print Name

Print Name

Street Address

Street Address

City, State, Zip Code

City, State, Zip Code

This domestic partnership is immediately terminated and the names of the former domestic partners are removed from the domestic partnership registry of the City of Cincinnati, this,

_____ day of _____, _____.

Clerk of Council (or representative)